

Ex. A-1

**Suffolk County Sheriff's Department
Corrections Division
Disciplinary Hearing Disposition Form**

Disciplinary Control Number: 6D 0598 Hearing Date: 06/09/06

Inmate Name: MACFALLANE, EIden PIN#: 489 78 D.O.B. 11/17/62

Incident Location: 3ES Date/Time: 6/8/06 0745 Infraction(s): 2, 49, 52, 55

Inmate Status: ☒ Male ☐ Female ☐ Adult ☐ Minor
☐ Termer ☒ Felony ☐ Misdemeanor ☐ Civil
☐ Writ ☐ Parole ☐ Downstate

Book/Page: D035R-5

☒ Disciplinary Surcharge Imposed (see Facility Rulebook)

Hearing Board Decision:

2- A 50 DAYS DISC LT
49- DISMISSED - WRONG CHARGE
52- DISMISSED - UNSUB
55- DISMISSED - UNSUB

Total Disposition: 50 DAYS DISC LT

Lock In Information Date In: 6/8/06 0800 Date Out: 7/29/06 0800
 Name/Rank/Shield: [Signature] Name/Rank/Shield: [Signature]
 Name/Rank/Shield: [Signature] ☒ Appeal Explained APPEAL TAKEN
 Plea: NOT GUILTY Start Time: 1630 Finish Time: 1715

Administrative Approval: ☐ Approved ☐ Disapproved
 Administrator: _____ Date: _____

Original to Record Room Copies to: Classification - Inmate

Ex. B

ATTACHED

Filed 02/07/11 Page 4 of 31 PageID #: 91

REF. DISCIPLINAR
100508

600598

I. Specific detailed description of the Grievance: (Be sure to review Grievance Procedure as outlined in the inmate Rulebook **before** completing Grievance.) You should first attempt to resolve this issue with your Housing Officer and/or the Housing Area Sergeant.

I CAN NOT SOLVE THIS ISSUE WITH MY HOUSING OFFICER / SERGEANT BECAUSE IT INVOLVES FELLOW OFFICER AND SERGEANT CURCIE S 144. SGT CURCIE CHOKED ME WITH HIS HAND. HE AND SEVERAL OTHER OFFICER USED EXCESS FORCE WHEN I WAS FOLLOWING INSTRUCT THEY PUNCHED ME WITH A CLENCHED FIST NUMEROUS TIMES LEAVE ME WITH A SWOLLEN LIP / BLOOD SHOT EYE BULGES ALL OVER MY HEAD. THEY SLAMMED MY HEAD AGAINST THE BAR, KICKED & KNEE MY LEG, INJURED MY RIGHT LEG WHICH HAS 2 PLATES IN IT - THEY NOTED MY QURAN AND ~~SA~~ MADE RELIGIOUS SLURS AND SLANDERS ("OH A FUCKING QURAN, WHAT ARE YOU A FUCKING MUSLIM") I INFORMED THEM THAT I WAS M.O. (MENTAL OBSERVATION) AND THAT I HAD PTSD (POST-TRAMATIC STRESS DISORD) I TOLD THEM THAT I WAS LISTENING AND FOLLOWING ORDERS. THEY DISREGARDED ALL I SAID AND CONTINUED TO VIOLATE ME FOR 20 MIN. I INFORM THEM ABOUT WRIST INJURIES AND THAT THEY USED A 2 SET OF HANDCUFFS FOR ME. (I AM 310 LBS WITH PHYSICAL DISABILITIES I AM LEGALLY DISABLED AND I TOLD THEM) Additional Sheets Attached (✓)

II. Action(s) requested by the grievant: FIRST I WOULD LIKE ALL OFFICERS THE INVOLVED, INCLUDING SGT. CURCIE SIMY, TO BE RETRAIN IN DEALING WITH MENTALLY AND PHYSICALLY DISABLED INMATES. ALSO HOW TO BE MORE AWARE (SENSITIVE) OF WHAT THE INMATE IS TRYING TO SAY- 2ND AND MOST IMPORTANTLY I WANT MY RECORD CLEARED OF ANY WRONG DOING. (THIS IS MY ONLY TICKET) 3. IF FOUND THAT THE LAW, RULE & REGULATION, OR ETHICAL CODES OF CONDUCT WERE BROKEN I WOULD LIKE APPROPRIATE

Additional Sheets Attached ☒

Signature of Grievant: *[Signature]* Date: 06-14-06

RECEIVING OFFICER List any and all letters, cards, or other communications received by the inmate during the reporting period.

Receiving Officer - List any and all attempts made to resolve the issue described above.

2

Receiving Officer:	#	Date:	8:
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Housing Area Sergeant - List any and all attempts made to resolve the issue described above.

ELDEN MACFARLANE

REF DISCIPLINARY

600598

PIN 489783

D.O.B 11-17-68

DATE 06-08-06

I

EACH TIME I TRYED TO INFORM SGT CURCIE

AND HIS ^{EM} ~~EM~~ ^{EM} ~~THEM~~ TEAM THEY WOULD STRIKE MEAND SAY "SHUT THE FUCK UP" "DONT YOU LEARN" ^{EM} ^{EM}SUF. CORRECT. FACILITY
DEP. WARDEN'S OFFICE

8:20

THEY USE IMPROPER RESTRAINING TECHNIQUE ^{EM} ^{EM} WHICH
CAUSED PAIN, TORN SKIN AND SWELLING OF
HE WRIST. GIVEN MY WEIGHT, INJURIES AND
THE FACT I WAS CHOKED I HAD TO MOVE WITH CAUTION.II. (CONT.) ^{EM} ~~PUNH~~ PUNITIVE ACTION IAW

NEW YORK STATE LAW AND SUFFOLK COUNTY

CORRECTIONAL FACILITY. FINALLY I WOULD

LIKE AN APOLOGY FROM THE OFFICERS

INVOLVED.

NOTE: UPON FORMAL INQUIREY I CAN
SUPPLY MORE INFORMATION. I REQUEST
A FORMAL INQUIRY (IAW STATE EQUAL TREATMENT
LAWS) BASE UPON RELIGIOUS, CHARGE, AND
~~UNFAIR~~ ^{DISABILITY} DISABILITY. I RESERVE THE RIGHT TO
SEEK THE CHAIN OF COMMAND BASE UPON THE
OUT COME OF THE GRIEVANCE.

06-14-06

K.M.M.

Ex. C.

WOULD LIVE

I ~~WOULD~~ LIKED TO SUBMIT A STATEMENT OF EVENTS TO THE HEARING OFFICER SO IT COULD BE REVIEWED ALONG WITH THE HEARING MINUTES (LOG OF CONVERSATION). I WAS TOLD BY ~~THE~~ HEARING PERSONNEL THAT I COULD NOT ^{SUBMIT A} AFTER STATEMENT THE SPECIFIC ~~CHARGES~~ ^{GROUND} FOR APPEAL I AM WRITING A BRIEF DISCREPTION OF EVENTS.

- THE C.O. WHO WROTE THE "CF-12" WAS NOT THE C.O. WHO WAS SEARCHING MY ^{CELL} ROOM. C.O. 1177 WAS IN MY ^{CELL} ROOM AND WHO MADE RELIGIOUS STATEMENTS TO SGT CRUCIE WHICH HE RETURNED. I THEN MADE A STATEMENT ABOUT MY BOOKS AND BOOKS ^{BELONGING} ~~THAT BELONGED~~ TO OTHERS. C.O. S24 WAS FURTHER DOWN THE TIER AT THE TIME. AFTER SGT CRUCIE WAS ~~WAS~~ STANDING ON THE ^{DAY BED} ~~TO THE~~ LEFT. C.O. S24 STATES IN HIS STATEMENT, AS I REMEMBER

* [I WAS NOT GIVEN A COPY OF ORAL STATEMENT (STERILE OR OTHERWISE)] THAT HE WAS IN MY CELL. ^{THIS STATEMENT IS FALSE.} OFFICER 1177 ~~SHOULD~~ HAVE WRITTEN THE CF-12 IF ANYONE.

- NOT ALLOWD COPIES OF STATEMENT SO I COULD SHOW INCONSISTANCIES OR FALSE STATEMENTS OF (C.O. S24 SGT 144) (AS PER SELF RULE & REGULATION Pg 11 DISCIPLINARY PANEL, LINE 10 - DOCUMENTS COULD HAVE BEEN STERILE.)

- I DID NOT ATTEMPT TO STRIKE THE ~~SA~~ ^{SGT} I SUBCONSIDERED REMOVED HIS HAND FROM MY ~~TROAT~~ ^{THROAT}. ~~IT IS A~~ I WAS STANDING WITH MY BACK AGAINST THE BARS AS PER SOP FOR A SHAKE DOWN. IT IS A PROVEN FACT THAT ANYONE WHO IS BEING CHOCED

ALWAYS REACHES FOR THEIR NECKS. ALSO I HAVE PTSD WHICH I ~~INSTANTLY~~ SAID ~~TO~~ ^{LOUDLY} TO EVERYONE. ONCE I NOTICE WHAT I DID. KEEP IN MIND SGT. 122 WAS STANDING ON THE DAY BED TO THE LEFT WHEN

NOTE

NO STANDARD OPERATION PROCEDURE

I WAS STANDING WITH MY BACK AGAINST THE BARS AS PER SOP FOR A SHAKE DOWN. IT IS A

HE CAME FROM HIS ELEVATED POSITION TO ME WHILE MY BACK WAS AGAINST THE BARS, GRABED MY NECK AND SLAMMED MY HEAD AGAINST THE BARS, ^{IN ONE MOTION} PRIOR TO MY REACTION. I HAVE BEEN SEEN BY MY DOCTORS AND THE FACILITY DOCTORS AND THEY SAW THE KNOT ON MY HEAD. ALSO I HAVE BEEN IN THE MILITARY ~~42~~ TWELVE YEAR DURING WHICH TIME YOU HAVE REPEATED TRAINING ~~ON~~ KEEPING YOU AIRWAY CLEAR, AS YOUR EMERGENCY RESPONSE UNIT ~~WOULD~~ ^{WOULD} OBVIOUSLY TRAIN UNTIL MUSCLE MEMORY. IT WAS NOT A PLANNED RESPONSE EVEN THOU SGT 144 WAS USING AN ILLEGAL RESTRAINT ^{TECHNIQUE} TECHNIQUE FOR NO OTHER REASON THEN HE WANTED TO -

DURING THE HEARING I WAS DENIED THE RIGHT TO WITNESSES. SGT 122 SAID I COULD ONLY GET WITNESSES ON A ROSTER WITH PROPER FIRST AND LAST NAME. I EXPLAINED ^{I AM} ~~ON A ROSTER~~ ^{TEEN} NOW AND THAT INMATES NORMALLY DON'T USE SURNAMES. ~~THAT PEOPLE NORMALLY DON'T USE FIRST/NAME NAMES~~ ^{TEEN} ~~AND~~ ^I OFFERED SEVERAL OPTIONS. SINCE IT HAD ONLY BEEN 24 HRS SINCE THE INCIDENT, I SUGGESTED USING CELL #S OF ANY ONE IN THE AREA OF MY CELL, TO GET ^{THE TEEN} ~~THE~~ ROSTER FOR 46/05/06 ^{ON A ROSTER} AND TO START AN INVESTIGATION ~~AND~~ QUESTION INMATES AS WELL AS OFFICERS (PG 11 DISCIPLINARY PROCEDURE LINE (7) CORRECTIONAL FACILITY RULES AND REGULATIONS "YOU MAY REQUEST THE HEARING A PANEL ^{TO} CONDUCT AN INVESTIGATION INTO THE CHARGES") SO THAT HE COULD HAVE ALL SIDE OF THE STORY AND TRULY GIVE AN IMPARTIAL DECISION.

THE HEARING OFFICERS
WILL DESIGNATE A PERSON NOT
INVOLVED WITH HEARING
INCIDENT.

I WAS DENIED ~~THE~~ ~~IN~~

I SUGGESTED THAT SGT 122 ASK BOTH SGT 144 AND C.O. ~~S26~~ ^{SOME} QUESTION (AS PER PG 11, LINE 8 OF SELF RULE & REGULATION) ~~TO~~ ^{TO} SHOW FALSE STATEMENT / INCONSIST^{ENCY} ~~ENCY~~. I WAS DENIED.

TO GIVE MY REQUEST
AND CAN MAKE IT AVAILABLE
UPON REQUEST.

WERE
MINIMUM STANDARD ~~WERE~~ NOT MADE AVAILABLE
TO ME TO PRESENT AN ADEQUATE APPEAL AFTER I
REQUESTED IT FROM C.O. 122, AND THE SGT ON
DUTY. (~~SGT~~ ¹²² I REQUESTED HELP WITH MY APPEAL
VIA LAW LIBRARY AND WAS DENIED BY EVERY SGT ON
THE ~~THE~~ MORNING OF 06/14/76 I SAW C.O. S26
AND WAS NOT AWARE THAT HE WAS ONE OF THE
OFFICER INVOLVED. I ATTEMPT TO GO THRU THE
CHAIN OF COMMAND TO RECEIVE THE C.O. BADGE #.
INSTEAD C.O. ~~ONE~~ ¹²² SHOWED ^{UP} WITH C.O. S26.
HE ~~VER~~ ^{INSULTING} CALL ME A ~~N~~ NAME AND BECAME
INDIGNANT. I ~~EXPLAINED~~ ^{TE} WHAT I WAS DOING (APPEAL)
AND HE TREATEN ME. (~~WITNESSES~~ ^{PRIOR GENDER STATEMENTS} UPON REQUEST)
I BELIEVE C.O. S26 WAS ~~HE~~ ^{TRYING} TO HINDER
THE APPEAL PROCESS BY MEANS OF INTIMIDATION
AND RECIPROCITY. ~~LATER THAT~~ ^{I LATER FOUND} OUT THAT I DID NOT
NEED TO GO THRU MY SGT TO GET HIS #.

ON 06/14/76
- LATTER THAT ~~DAY~~ AFTER C.O. S26 MADE ~~NEGATIVE~~ COMMENTS TO ME WHILE ON THE ELEVATOR. I ASK
THE C.O. WHO WAS OPERATING THE ELEVATOR DID HE
HEAR, HE SAID YES 1320 HRS APPROX AND AFTER

IV

I ASLEDA WHITE FEMALE ^{FROM} ~~INTERNAL SECURITY~~ & A WHITE MALE LT. ABOUT CHAIN OF COMMAND AND OPEN DOOR POLICY AS I PROCEEDED TO ^{RELIGIOUS} ~~ESCALATE~~ SERVICE DURING SERVICE THE FEMALE OFFICER, C-2526 AND SEVERAL OTHER SHOW UP AND HAD ME SIGN A SHEET FOR SHACKEL "48 HRS AFTER THE INCIDENT. ^{BELEIVED I WAS A WAITING} ~~THEY WERE SURPRISED TO FIND OUT THAT MY HEARING HAD TAKEN PLACE ALREADY.~~ I BELIEVE DUE TO THE NATURE AND TIMING OF THE ACT IT WAS RECIPROCITY, WHICH IS NOT ALLOW. (AS PER SCIF P55, GENERAL RULES). ~~IT~~ ALSO THIS WAS DONE TO HINDER THE APPEAL PROCESS VIA HARRASHMENT ~~AND~~ MISABUSE OF ATHORITY, AND INPROPER PROCEDURE.

KNOWN

~~REALLY~~ MORE CO.'S WERE INVOLVED THEN STATED. (IT WAS DURING A SHAKEDOWN) EXCESSIVE FORCE, RELIGIOUS STATEMENTS; AMONGS OTHER THING WERE USED. RULE #2 AS STATED ON CF-13 WAS NOT BROKEN. ^{THERE} ~~AND~~ POSSIBLY ~~THEIR~~ MAY BE ^{AN} ALTERIOR REASONS FOR PERSUADING THESE CHARGES IN THE FIRST PLACE. IT IS KNOWN THAT I AM SEEKING THE LOWEST LEVEL IN WHICH TO SOLVE SOME OF ^{THESE EQUAL TREATMENT ISSUES} ~~THESE AREAS~~. I HAVE NEVER ^{CAUSED A PROBLEM} ~~GOTTEN A TICKET~~ ^{NOR} ~~IN MY 9 MONTHS~~ ^{INTEND TO STAY TICKET} ~~IN MY 9 MONTHS~~ ^{HERE} ~~INTEND TO STAY TICKET~~ ^{THRU TRIAL}

RECEIVED A
FREE

06/11/10

FINALLY I SPOKE TO CO 1177 IN FRONT OF AN INMATE AND THE C.O. ON DUTY AND HE ADMITTED TO BEING IN THE ROOM BY HIMSELF.

DEPT OF OUTSIDE
HEALTH COMPANY

REMEDY 1283

V

IN ORDER OF IMPORTANCE.

- IMMEDIATE DISMISSAL ^{OR} ~~AND~~ CHARGES, ~~EXPUNGEMENT~~ ^{AND} EXPUNGEMENT OF IN HOUSE RECORD.
- ~~PLACE BE~~ PLACED BACK IN ^{M.O.} SEGREGATION.
- ~~SEPARATION FROM~~ ^{KEEP ACCOUNT OF} SOLITARY MOVEMENT ^{WITH} MYSELF AND ~~WITNESSES~~ OFFICERS SGT 144, O.C. 524, AND ONE OTHER EMS TO LIMIT RECEPTIVITY.
- RETRAINING OF OFFENDING OFFICERS ~~IN~~ ^{AS NEEDED} DEALING WITH SET TIER AND LEGAL RESTRAINT.
- APOLOGY FROM OFFENDING OFFICERS.

THE OTHER ASSAULTING OFFICER WAS ON THE TIER TO DAY IN ALL BLACK I BELIEVED HE WORKED ON ~~THE~~ FLOOR TODAY.

Ex. D

**Suffolk County Sheriff's Office
Correction's Division
Disciplinary Hearing Appeal Disposition Form**

Inmate's Name: Elden MacFarlane

Pin Number: 489783

Disciplinary Report Number: 6D0598

Hearing Sergeant: C/Sgt. S. Salvaggio, S-122

Hearing Officer: C.O. M. Benfante #1067

Disciplinary Appeal Number: 17-06

Reviewing Officer: C/Capt. John C. Donegan C-11

Date: June 12, 2006

Comments: After a thorough review of all written accounts of the related incident and subsequent disciplinary hearing it is my decision that your appeal is denied. All Facility procedures were followed properly in adherence to section 7006 of Minimum Standards without any unfair disciplinary or punitive action taken.

Notification of Decision

Your appeal of the Disciplinary Sanctions is:

Approved

Denied

Sanctions Amended

Inmate's Signature



Warden or his designee



Witness

Ex. E

06/21/06

TO CHIEF OF THE SOUTH HAMPTON POLICE DEPT,

I, ELDEN MACFARLANE, WOULD LIKE TO PRESS FORMAL CHARGES

ON CORRECTION OFFICERS BADGE # 5144, 526, 1177 AND

SEVERAL OTHERS FOR ASSAULT. I CAN GIVE THE TIME

AND PLACE FOR THE ONES I DONT HAVE BADGE NUMBERS

TO. I WOULD LIKE TO PLACE CHARGES ON DR. GERACI AT

SUFFOLK COUNTY CORRECTIONAL FACILITY FOR VIOLATIONS

OF HUMAN RIGHTS. ~~AND~~ I WOULD LIKE TO PRESS FORMAL

CHARGES AGAINST THE CORRECTION OFFICERS (SHERIFF

DEPARTMENT PERSONNEL) FOR EQUAL TREATMENT VIOLATION,

EXCESSIVE FORCE, HARRASSMENT, AND THREATS. I WOULD

LIKE AN AUDIENCE WITH YOUR REPRESENTATIVE, MY

ATTORNEY, AND MYSELF TO DISCUSS THE CHARGES ON THE

ABOVE MENTIONED.

THANK YOU FOR YOUR TIME AND QUICK RESPONSE.

Elden MacFarlane
ELDEN MACFARLANE

LOCATION 45/W24

D.O.B 11/17/68

SWORN TO before me

21 June 2008

Jyl St
NOTARY PUBLIC

Joseph Foti
Notary Public, State of New York
01F06129782
Qualified in Suffolk County
Commission Expires July 5, 2009

Ex. F

County Executive

1 of 4

TO: MR. STEVE LEVY

FROM: ELDEN MACFARLANE

SUFFOLK COUNTY CORRECTIONAL
FACILITY

110 CENTER DRIVE

RIVERHEAD, N.Y., 11901

PIN # 489783

LOCATION 4S/W 24

D.O.B. 11/17/68

* NOTE - ALL INCOMING MAIL IS OPENED,
AND MAY BE READ

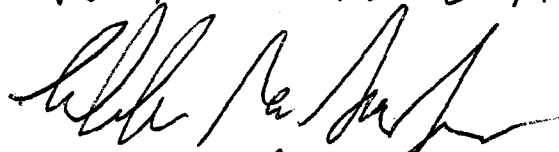
07/03/0

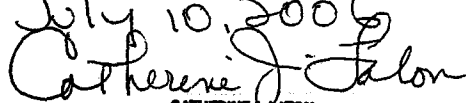
DEAR MR. LEVY:

I HAVE EXHAUSTED MY OPTIONS LOCALLY
AND AM FORCED TO SEEK ASSISTANCE
THROUGH YOUR OFFICE. MY NAME IS ELDER
MAC FARLANE AND I HAVE BEEN ASSAULTED
AND HAD EXCESSIVE FORCE USED ON ME BY THE
SHERIFF'S DEPARTMENT. THE CORRECTIONS
OFFICERS WHO ASSAULTED ME OR WHO STOOD
BY AND DID NOTHING TO STOP IT ARE
BADGE NUMBERS 5144, 526, 666, 1177. THERE
ARE OTHERS WHO I CAN GIVE A TIME AND
PLACE ON BECAUSE THEY EITHER WOULD
NOT GIVE ME THEIR NUMBER OR I

HAVE NOT SEEN THEM SINCE 06/08/06 (NOTE:
DATE OF ~~MAJOR~~^{EM} EVENT.) I WAS VIOLATED UNDER
THE FOLLOWING EQUAL TREATMENT LAWS:
~~RELIGION~~^{EM} ~~RELIGIOUS~~^{EM} RELIGION DISABILITY AND
POSSIBLY GENDER AND CHARGE. I WAS
ADVISED BY MY PUBLIC DEFENDER THAT IF I
WENT TO INTERNAL AFFAIRS ^{EM} ~~I~~ THAT IT
WOULD DRASTICALLY EFFECT MY CASE SO I
DID NOT SPEAK TO THEM AT THAT TIME. HOWEVER,
I HAVE BEEN CONSTANTLY HARASSED AND
WAS NOT RECEIVING PROPER MEDICAL TREAT-
MENT UNTIL I TOOK ACTION. I WOULD LIKE
TO SPEAK WITH YOU OR YOUR REPRESENT-

ACTIVE IN REGARDS TO POSSIBLE COURSE OF
ACTION, NOT TO EXCLUDE A FORMAL INQUIRY
I AM USING MY CHAIN OF COMMAND. THANK YOU
FOR YOUR TIME AND QUICK RESPONSE.


ELDEN MACFARLANE

July 10, 2006


CATHERINE J. LATON
Notary Public, State of New York
No. 01LA5073408 - Suffolk County
Commission Expires February 24, 2007

Ex. G

Inmate Name: <u>MACFARLANE, ELDON</u>		Inmate Housing Location: <u>3E/N13</u>
PIN# <u>4189783</u>	D.O.B. <u>11/17/68</u>	Class: <u>Amfel</u>
Date/Time of Report: <u>07/18/07 2035 HRS</u>	Incident Date/Time/Location: <u>07/18/07 1836 HRS 3EAST/NORTH A13</u>	
A report of your action(s) has been forwarded to the Warden's Office accusing you of the following infractions and the specific reasons for these charges.		
Note to preparing officer: Provide a description of the inmate's conduct along with each infraction and the rule number violated.		
Rule #	<u>17.01 Failing to obey a direct order. You violated this rule by not giving the broom to this officer when instructed to.</u>	
Rule #	<u>17.02 Interference with a staff member. You violated this rule by not going back to your housing area, your actions stopped</u>	
Rule #	<u>this officer from his lobby duties.</u>	
Rule #	<u>14.03 Destruction of county property. You violated this rule by breaking the broom in your struggle with</u>	
Rule #	<u>this officer.</u>	
Supplemental pages required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Page <u> </u> of <u> </u>		
Reporting Officer (Print and sign name) <u>Tyler [Signature]</u>		Badge #: <u>1011</u>
Incident Report Submitted: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Translator/Assistance requested: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Witness(es) requested: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, witness(es) name(s) Have each witness complete a Witness Statement Form.)		
Further investigation required: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Formal Investigation Form.		
Locked in based on above charges: Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time: <u> </u>		
You may submit to the chief administrative officer a written response to the charges brought against you. Furthermore, an impartial disciplinary committee has been designated by the Warden for the purpose of conducting a hearing to determine the validity of this complaint and to insure that the best interests of both you and the facility are served. You will be given an opportunity to answer the accusation at this hearing which will be held at least twenty four (24) hours after this notification, unless you choose to waive this right. If additional information is required by this committee, further inquiry into the circumstances surrounding the incident will be made. You have the right to appeal the dispositions and sanctions applied as a result of the hearing within two (2) business days of the hearing date. An appeal form will be given to you and assistance in completing the appeal form will be provided upon request. Your signature is required stating that you have received a copy of this notice from a supervisor.		
Supervisor Signature/Date/Time: <u>[Signature] 5198</u>		
Continued confinement required pending disciplinary hearing: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes CF11 must be submitted.		
Duty Lieutenant Signature/Date/Time: <u>[Signature] 1011</u>		
Inmate Signature/Date/Time: <u>[Signature] 07/18/07</u>	Supervisor Signature/Date/Time: <u>[Signature] 5198</u>	

After inmate has affixed his signature copies to:
 Copy 1: Hearing Board Copy 2: Inmate Copy Copy 3: Classification

CF-12

29-0547.. 07/01cg

NO SIGN

Inmates Name: MACFARLANE, ELDON		Inmate Housing Location: 3 E/W 13
PIN# 489783	D.O.B. 11/17/68	Class: A-FEL
Date/Time of Report: 07/18/07 2035 HRS	Incident Date/Time/Location: 07/18/07 1836 HRS 3 EAST/NORTH #13	

A report of your action(s) has been forwarded to the Warden's Office accusing you of the following infractions and the specific reasons for these charges.

Note to preparing officer: Provide a description of the inmate's conduct along with each infraction and the rule number violated.

Rule # 2 | ASSAULT. YOU VIOLATED THIS RULE BY ATTEMPTING TO STRIKE AT THIS OFFICER WITH A BROOM STICK.

Rule # 15.01 | HARASSMENT. THREATS TOWARD OFFICER. YOU VIOLATED THIS RULE BY ATTEMPTING TO STRIKE THIS OFFICER WITH A BROOM.

Rule #

Rule #

Rule #

Supplemental pages required: Yes ☐ No ☒ Page 2 of 2

Reporting Officer (Print and sign name) <i>[Signature]</i>	Badge #: 1072
---	------------------

Incident Report Submitted: Yes ☒ No ☐ Translator/Assistance requested: Yes ☐ No ☒

Witness(es) requested: Yes ☐ No ☒ If yes, witness(es) name(s) Have each witness complete a Witness Statement Form.)

Further investigation required: Yes ☐ No ☒ If yes, complete Formal Investigation Form.

Locked in based on above charges: Yes ☐ No ☒ Date/Time:

You may submit to the chief administrative officer a written response to the charges brought against you. Furthermore, an impartial disciplinary committee has been designated by the Warden for the purpose of conducting a hearing to determine the validity of this complaint and to insure that the best interests of both you and the facility are served. You will be given an opportunity to answer the accusation at this hearing which will be held at least twenty four (24) hours after this notification, unless you choose to waive this right. If additional information is required by this committee, further inquiry into the circumstances surrounding the incident will be made. You have the right to appeal the dispositions and sanctions applied as a result of the hearing within two (2) business days of the hearing date. An appeal form will be given to you and assistance in completing the appeal form will be provided upon request. Your signature is required stating that you have received a copy of this notice from a supervisor.

Supervisor Signature/Date/Time: *[Signature]*

Continued confinement required pending disciplinary hearing: Yes ☒ No ☐

If yes CF11 must be submitted.

Duty Lieutenant Signature/Date/Time: *[Signature]* 7/18/07

Inmate Signature/Date/Time: <i>[Signature]</i>	Supervisor Signature/Date/Time: <i>[Signature]</i>
---	---

After inmate has affixed his signature copies to:
 Copy 1: Hearing Board Copy 2: Inmate Copy Copy 3: Classification

CF-12

29-0547.. 07/01cg

NO PRINTED NAME

NO SIGN

Ex. H

SUFFOLK COUNTY SHERIFF'S OFFICE GRIEVANCE FORM 2 PAGES

NAME: ELDEN MACFARLANE GRIEVANCE #: 2007-122
 PIN #: 489783 D.O.B.: 11/17/68 LOCATION: 45W24 FACILITY: SCCF DATE: 07/20/07

I. Specific detailed description of the Grievance: (Be sure to review Grievance Procedure as outlined in the inmate Rulebook before completing Grievance.) You should first attempt to resolve this issue with your Housing Officer and/or the Housing Area Sergeant.

I WAS GIVEN AN SF-12 (#700536 - 2 PAGES) AND TOLD TO SIGN ^{THEM} AS ONLY A RECEIPTS AT APPROX. 1:30 PM HRS 07/19/07. I HAD JUST RETURNED FROM PECONIC BAY MEDICAL FOR A PERFORATED LEFT EAR AND A FULL SET OF X-RAYS AND A CAT SCAN (FOR HEAD INJURY). I HAD BEEN MEDICATED EARLIER THAT EVENING (18 HRS) AND HAD BEEN SEDATED. I WAS RUSHED TO SIGN AN INCOMPLETE, INACCURATE AND COMPLETELY FALSE DOCUMENTS. IF ^{THEY} ~~THE~~ ^{EM} ~~IS NOT~~ ARE NOT LEGALLY FRAUD THEN THEY ARE A MISCARAGE AND ABUSE OF SUFFOLK COUNTY CORRECTIONAL FACILITY FORMS/PROPERTY. THEY COULD NOT POSSIBLE MEET THE C.A.D.'S OR THE MINIMUM STANDARDS POLICY. BESIDE A LACK OF PROFESSIONALISM IN COMPLETING THE FORM ITSELF 7 NYCRR 251.3.112 AND SS 7006.4 BS ON THE MINIMUM STANDARDS HAVE BEEN VIOLATED. I NOTICE THE FAULTS AFTER GETTING SOME REST. ALSO ALL CHARGES WERE FABRICATED TO DECEIVE THE C.A.D. AND TO UNFAIRLY PUNISH ME. I CAN PROVE THIS UPON REQUEST. Additional Sheets Attached (✓)

II. Action(s) requested by the grievant: I WOULD LIKE A COPY OF THE RESTRAINT ORDER, TO HAVE ALL CHARGES DROPPED, MY RECORD CLEAR, AND A FORMAL INQUIRY BE STARTED TO GET TO THE BOTTOM OF THINGS IMMEDIATELY. I MAY HAVE MADE MAJOR ERROR ON FILLING THIS FORM, BUT CORRECTIONS OFFICER SHOULD HAVE A HIGHER STANDARD.

Signature of Grievant: Elden MacFarlane Date: 07/21/07

* * * * * INMATES DO NOT WRITE BELOW THIS LINE * * * * *

Receiving Officer - List any and all attempts made to resolve the issue described above.

THIS GRIEVANCE COULD NOT BE RESOLVED BY THIS OFFICER. GRIEVANCE FORWARDED TO SGT. SKILLILL.

Receiving Officer: James Sanchez #1289 Date: 07/22/07

Housing Area Sergeant - List any and all attempts made to resolve the issue described above.

See Page 3

THAT WAS NOT I.A.W. MINIMUM STANDARD

REC'D 7/23/07

20f3

SUFFOLK COUNTY SHERIFF'S OFFICE GRIEVANCE FORM

NAME: <u>ELDEN MACFARLANE</u>			GRIEVANCE #: <u>R-2007-122</u>	
PIN #: <u>489783</u>	D.O.B.: <u>11/17/68</u>	LOCATION: <u>4SW24</u>	FACILITY: <u>SCCF</u>	DATE: <u>07/20/07</u>

I. Specific detailed description of the Grievance: (Be sure to review Grievance Procedure as outlined in the inmate Rulebook **before** completing Grievance.) You should first attempt to resolve this issue with your Housing Officer and/or the Housing Area Sergeant.

I AM NOW GOING TO GO THROUGH AN ITEMIZED LIST TO PROVE THAT THE CF-12, # 704536, IS FRAUDULENT, -NOT COMPLETELY FILLED OUT WITH MAJOR SECTION NOT EVEN ADDRESS AT THE TIME OF MY SIGNATURE. (THE WITNESS SECTION, SUPPLEMENTAL PAGES SECTION, FURTHER INVESTIGATION SECTION, LOCK IN SECTION, SUPERVISOR INITIAL SIGNATURE ON Pg 2, AND THE SUPERVISOR SIGNATURE AT THE BOTTOM RIGHT WAS NOT FILLED OUT UNTIL 13 HRS LATER BY A DIFFERENT SUPERVISOR ^{STATED} THEN ON THE FIRST PAGE. HE MADE ME GIVE HIM BACK MY RECEIPTS WHEN I ASKED IF IT COULD STAY AS IT WAS SO I COULD SHOW THE HEARING OFFICE. HE SAID "NO HE HAD TO CHECK IT. HE THEN SIGNED AND DATED ~~IT~~ ^{THEM} HE DID NOT FILL IN ANY OF THE BLANK SECTION SO I QUESTION HIS MOTIVES FOR SIGNING. I BELIEVE HE WAS TRYING TO COVER ^{FOR} THE OTHER SUPERVISOR. HE DID NOT NOTICE THAT THE REPORTING OFFICER DID NOT PRINT HIS NAME AND Additional Sheets Attached (✓)

II. Action(s) requested by the grievant:

~~END~~ ~~THAT HIS BADGE #~~ ^{MIN. REF. 557006-465} ^{WAS} ^{ILL}

THE CF-12'S WERE NOT IN 9 NYCRR 7006.7 AND WERE NOT COMPLETED IN WITHIN THE 24 HR PERIOD ALLOWED FOR CF-12'S. ALSO AS PER 9 NYCRR 7032.2 a INMATES MAY COMPLAIN ON WRITTEN OR UNWRITTEN FACILITY POLICIES, PROCEDURES, RULES ... ACTION OR INACTION OF ANY PERSON WITHIN THE FACILITY. "THE CF-12 IS NOT COMPLETED ^{BY} 9 NYCRR 7006.4. (e) Additional Sheets Attached (✓)

Signature of Grievant: Elden MacFarlane Date: 07/21/07

* * * * * INMATES DO NOT WRITE BELOW THIS LINE * * * * *

Receiving Officer - List any and all attempts made to resolve the issue described above.

THIS GRIEVANCE COULD NOT BE SOLVED BY THIS OFFICER GRIEVANCE FORWARDED TO SGT. STEWILL (✓)

Receiving Officer: James Samanta # 1289 Date: 07/22/07

Housing Area Sergeant - List any and all attempts made to resolve the issue described above.

See Page 3

(9 NYCRR 7006.4(e))

ELC 05/07

SUFFOLK COUNTY SHERIFF'S OFFICE GRIEVANCE FORM

NAME: ELDEN MACFARLANE GRIEVANCE #: K-2007-122
 PIN #: 489783 D.O.B.: 11/17/68 LOCATION: 4SW24 FACILITY: SCLF DATE: 07/20/07

I. Specific detailed description of the Grievance: (Be sure to review Grievance Procedure as outlined in the inmate Rulebook before completing Grievance.) You should first attempt to resolve this issue with your Housing Officer and/or the Housing Area Sergeant.

I BELIEVE S198 DID NOT SIGN THE SECOND FORM POSSIBLE BECAUSE OF THE SEVERITY OF THE CHARGES ON THAT FORM AND POSSIBLY KNOWING THAT THEY ~~WERE~~ WERE "MADE UP" BECAUSE C.O. 1072 FAILED TO ADHERE TO MINIMUM STANDARDS 9NYCRR 7003.3, 7003.4, 7003.6 7NYCRR 250.2.C & D, E, F, G, H, 9NYCRR 7507.1 AND SEVERAL OTHER I WILL ADDRESS ON ANOTHER FORM OR UPON REQUEST. I WAS ALSO FORCED TO SIGN A RESTRAINT ORDER ON 07/19/07 AND WAS NOT GIVEN A COPY NOR WAS IT SIGNED BY A SUPERVISOR. I BELIEVE SINCE UNCALLED FOR, UNAUTHORIZED USE OF THE "WIGHTSTICK" (ASP) AND ~~AND~~ MULTIPLE STRIKES TO THE HEAD WHILE USING PHYSICAL FORCE AS A DISPLENARY ACTION (7NYCRR 251-1.2.A & B & D) (7NYCRR 250.2) FROM SEVERAL C.O.'S LEAD BY C.O. 1072 CAUSE ME TO GO TO THE HOSPITAL. FEAR OF REPRISAL OR LEGAL ACTION IS WHY I BELIEVE THE CF-12 WERE DONE SO QUICKLY, POORLY, AND ~~ILTIMED~~. I HAVE

~~Action(s) requested by the grievant:~~ CONT. WITNESSES FOR THE SECOND SIGNING, INCLUDING THE DUTY C.O., WHO HAD ~~THE~~ S194 COME TO MY SPECIAL HOUSING AREA TO REVIEW THEM IN FRONT OF ME. I BELIEVE THE PHYSICAL FORCE APPLIED ON ME COULD BE DETERMINED EXCESSIVE BY MEDICAL. I HAVE COPIES OF THE UNSIGNED FORM AND MY ORIGINAL "INMATES COPY". I HAVE BEEN PLACED ON HEAD TRAUMA OBSERVATION ON 07/19/07 BY MEDICAL. Additional Sheets Attached ()

Signature of Grievant: Elden MacFarlane Date: 07/21/07

* * * * * INMATES DO NOT WRITE BELOW THIS LINE * * * * *

Receiving Officer - List any and all attempts made to resolve the issue described above.

THIS GRIEVANCE COULD NOT BE SOLVED BY THE OFFICER GRIEVANCE FORMED TO SGT. SHERRILL. @

Receiving Officer: James James #1289 Date: 07/22/07

Housing Area Sergeant - List any and all attempts made to resolve the issue described above.

I ATTEMPTED TO HAVE A CONVERSATION WITH INMATE MACFARLANE. HE WAS COMPLETELY IRRATIONAL AND

Ex. H-1

SUFFOLK COUNTY SHERIFF'S OFFICE GRIEVANCE FORM

NAME: ELLIOTT MACKFARLANE	GRIEVANCE #: 12-2007-1260
PIN #: 489783	D.O.B.: 11/17/65
LOCATION: 4500	FACILITY: SELF
	DATE: 07/21/07

I. Specific detailed description of the Grievance: (Be sure to review Grievance Procedure as outlined in the inmate Rulebook before completing Grievance.) You should first attempt to resolve this issue with your Housing Officer and/or the Housing Area Sergeant.

I AM AN MENTALLY OBSERVATION CLASSIFIED INMATE, WHICH MEAN I LIVE IN SPECIAL HOUSING AND HAVE TIME RESTRICTIONS ON WHEN I CAN BE OUT OF MY CELL. I WAS THE TIER REPRESENTATIVE WHICH ALLOWED ME TO COME OUT OF MY CELL OFF OF SCHEDULE IF THE C.O. ALLOWED. I AM FOCUSING ON EVENTS LEADING TO AN INCIDENT. THE INCIDENT ITSELF MAY NOT BE GRIEVABLE AND MAY BELONG TO INTERNAL AFFAIRS HOWEVER IF CERTAIN STEPS WERE NOT TAKEN (THAT WERE DIRECT VIOLATION OF THE MINIMUM STANDARDS) WE WOULD HAVE NO INCIDENT AND DISCIPLINARY #700536 WOULD NOT EXIST. THIS PROCESS OF ELIMINATION IS I.A.W MINIMUM STANDARDS. ON 07/18/07 MY C.O. (3EN SWING SHEET) HAD ME SERVE JUICE AND HAND OUT THE EVENING MEAL WITHIN MY HOUSE AREA. I WAS NOT ALLOWED OUT OF THE AREA EXCEPT TO GIVE HIM THE GARBAGE AT THE GATE AND THEN RIGHT BACK IN. HE DID THE SAME THING THE DAY BEFORE. MOST C.O.'S LET ME FEED MY CATS THE SUPERVISOR TELLS Additional Sheets Attached (✓)

II. Action(s) requested by the grievant: DISMISS ALL CHARGES ON ME - IF FAULT IS FOUND ADMINISTER APPROPRIATE PUNISHMENT TO WHOMEVER. AN INVESTIGATION MAY BE NEEDED. REINFORCE POLICY OBSERVATION BY SUPERVISORS.

Rec'd 7/23/07

Additional Sheets Attached (✓)

Signature of Grievant: *Elliot Mackfarlane*

Date: 07/21/07

***** INMATES DO NOT WRITE BELOW THIS LINE *****

Receiving Officer - List any and all attempts made to resolve the issue described above.

This Grievance could not be solved by this officer. Grievance forwarded to Sgt. Sherrill. (✓)

Receiving Officer: *James Damania*

#1289

Date: 07/27/07

Housing Area Sergeant - List any and all attempts made to resolve the issue described above.

ATTEMPTS BY MYSELF TO CARRY ON A RATIONAL CONVERSATION WITH INMATE MACKFARLANE FAILED. HIS

SUFFOLK COUNTY SHERIFF'S OFFICE GRIEVANCE FORM

NAME: ELDEN MACFARLANE GRIEVANCE #: R-2007-126
 PIN #: 4189783 D.O.B.: 11/17/68 LOCATION: USW24 FACILITY: SCCF DATE: 07/21/07

I. Specific detailed description of the Grievance: (Be sure to review Grievance Procedure as outlined in the inmate Rulebook before completing Grievance.) You should first attempt to resolve this issue with your Housing Officer and/or the Housing Area Sergeant.

OTHERWISE, I NOTICED ~~EARLIER~~ ^{EARLIER} THAT C.O. 1072 WAS WORKING THE LOBBY AND THAT HE MIGHT HAVE TOLD MY C.O. NOT TO LET ME FEED BOTH TIERS (OUR SIDE FEEDS ON "EVEN" DAYS). SEVERAL WEEKS EARLIER I HAD TO INFORM MY SOCIAL WORKER AND MY DOCTOR THAT I WAS BEING MISTREATED BY THIS OFFICER FOR NO REASON. THEY TOLD SECURITY AND ON JUNE 26TH WE FOUND COMMON GROUND WITH THE SUPERVISOR AS A GO BETWEEN. HE LEFT ME ALONE. I STOPPED ~~WRITING~~ WRITING GRIEVANCES AND THAT WAS IT. HE DID NOT WANT ME TO TELL MENTAL HEALTH OR ANY C.O.'S ANYTHING BUT I FEEL THAT AT LEAST MY MENTAL HEALTH WORKER AND C.O.'S WHO I TRUST ~~W/~~ ^{WHO} CAME TO ME SHOULD KNOW A PROBLEM EXISTS IN CASE I AM SET UP FOR FAILURE BY THE C.O. 1072. ABOUT 2 HOURS AFTER GIVEN DINNER, CLEANING THE TIER, MY C.O. CALLED ME TO THE FRONT AND TOLD ME THAT THE DESK LOBBY ^(C.O. 1072) AND THE SARGENT WANTED ME IN THE LOBBY. I IMMEDIATELY ASK WHY AND HE SAID HE DID NOT KNOW. OTHERS HEARD HIM - AS I PUT ON MY SHIRT HE LEAVES THE BLOCK WITH THE OTHER C.O. ^(SES) Additional Sheets Attached ()

II. Action(s) requested by the grievant: IT IS ABOUT 1815 HRS, MY RECREATION TIME SLOT HAD BEEN OVER AND I SHOULD HAVE BEEN IN MY CELL. AT THIS POINT I RELIEVE VIOLATIONS OF 7003.9 NYCRP 7003 ~~ACCUSED~~ (7003.3, 7003.4, 7003.6) I WAITED AT THE SALLYPORT FOR MY C.O., WHEN C.O. 1072 WALKED UP ASKED ME WHAT WAS I DOING AND HAD ME GO OFF THE HOUSING AREA AND WAIT BETWEEN THE TWO TIERS. I WAS MADE TO LEAVE MY HOUSING AREA, WHEN I WAS NOT ON REL., BY SOMEONE ONE OF HER THEN MY C.O.; WHO WAS GONE UNTIL AN INCIDENT ^{HAPPENED} Additional Sheets Attached (✓)

Signature of Grievant: ELDEN MACFARLANE Date: 07/21/07

***** INMATES DO NOT WRITE BELOW THIS LINE *****

Receiving Officer - List any and all attempts made to resolve the issue described above.

THIS GRIEVANCE COULD NOT BE SOLVED BY THIS OFFICER. GRIEVANCE FORWARDED TO SGT. SHERRILL

Receiving Officer: [Signature] #1289 Date: 07/27/07

Housing Area Sergeant - List any and all attempts made to resolve the issue described above.

I WAS UNABLE TO HAVE A RATIONAL CONVERSATION WITH INMATE MACFARLANE. HIS COMPLAINTS CHANGED